



## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### PART I: GENERAL INFORMATION

Requestor Name and Address:  COMPREHENSIVE PAIN MANAGEMENT 5734 SPOHN DRIVE STE. A CORPUS CHRISTI, TX 78414	MFDR Tracking #: M4-10-1395-01
	DWC Claim #:
	Injured Employee:
Respondent Name and Box #:  AMERICAN HOME ASSURANCE CO Box #: 19	Date of Injury:
	Employer Name:
	Insurance Carrier #:

### PART II: REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "Carrier denied claim for "165-payment denied/adjusted for absence of precert/preauth and 5066-not treating Dr. approved treatment. Request for reconsideration sent. Claim was denied again for 193-original payment decision is being maintained. This claim was processed properly the first time, 165-payment denied/reduced for absence of, or exceeded referral, 5081-reduction or denial of payment resulting after reconsideration was completed and 5066-not treating Dr. approved treatment". Patient came in on 7/8/09 for an office visit. An office visit does not require precert or preauthorization nor does it have to be approved by the treating Doctor. Per TDI, the numbers of visits listed in the ODG procedure summaries reflect the **typical** number of offices (sic) for the specific diagnosis. The ODG is not intended to cap the number of office visits that are medically necessary for a particular patient."

**Amount in Dispute:** \$86.49

### PART III: RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Please note in box 17 on Form CMS-1500, the referral physician is noted as Arthur Chin. However, the attached DWC-53 indicates the claimant was approved on 01/22/09 to change treating doctor from Arthur Chin to James Tanner, D.C. Since Dr. Chin was not the treating doctor he was not entitled to make the referral for treatment to the health care provider. No additional allowance is recommended at this time."

### PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
7/8/09	99213	N/A	\$86.49	\$0.00
			<b>Total Due:</b>	<b>\$0.00</b>

### PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 of the Texas Workers' Compensation Act, and pursuant to all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### Background

1. 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. 28 Tex. Admin. Code §134.203 sets out the medical fee guidelines for professional services rendered on or after March 1, 2008.
3. 28 Tex. Admin. Code §180.22 sets out the guidelines for health care provider roles and responsibilities.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 8/4/2009

- 165 – Payment denied/reduced for absence of, or exceeded referral
- 5066 – Not treating doctor approved treatment

Explanation of benefits dated 9/21/09

- 165 – Payment denied/reduced for absence of, or exceeded referral
- 193 – Original payment decision is being maintained. This claim was processed properly the first time
- 5066 – Not treating doctor approved treatment
- 5081 – Reduction or denial of payment resulting after a reconsideration was completed.

### **Issues**

1. Is the referring provider listed in Box 17 on the CMS-1500 the treating doctor?
2. Is the requestor entitled to reimbursement?

### **Findings**

1. The requestor submitted billing on a CMS-1500 form for date of service 7/8/09 and billed an established office visit code, CPT 99213. Review of Box 17 on the requestor's CMS-1500 billing form supports that Arthur Chin is the provider listed as the referring provider for the services rendered. Pursuant to rule §180.22(d)(3) The consulting doctor is a doctor who examines an employee or the employee's medical record in response to a request from the treating doctor. The consulting doctor shall: not make referrals without the approval of the treating doctor and when such approval is obtained, ensure that the provider to whom the consulting doctor is making an approved referral knows the identity and contact information of the treating doctor. Division records support that a change of treating doctors from Dr. Arthur Chin to Dr. James Tanner was approved on 1/22/09. Dr. Chin was not the treating doctor on the date the services were rendered and therefore reimbursement to the requestor is not recommended.

### **Conclusion**

For the reasons stated above, the division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

## **PART VI: ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

**12/20/10**

\_\_\_\_\_  
Date

## **PART VII: YOUR RIGHT TO REQUEST AN APPEAL**

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Tex. Admin. Code §148.3(c).

Under Texas Labor Code § 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code §413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**